

Irwindale Police Department 5050 N. Irwindale Avenue, Irwindale CA 91706 (626) 962-3601

Cite#:	
Date:	
Caca	

Administrative Review Request					
Requestor's Name:		Pho	one: <u>(</u>		
Mailing Address:	, the same of the				
City – State – Zip:					
Requestor's Statement / Reason for					
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			Continued on back→		
Request was made: In Person	By Telephone	☐ Mail	, hand		
Signed:	Print Name:		Date*:		
*Administrative Review Requests	must be made within 21 busin	ness days of citation	on issuance or impound		
Reviewer's finding:					

______ID#: ____ Date: ____

NOTICE: If you wish to contest this review decision, you have 15 days to deposit the full amount of the penalty fee and schedule an administrative hearing.